



Please return to Miss Discombe in Finance by Tuesday 7 February 2017

EXPRESSION OF INTEREST FORM

Re: **BATTLEFIELDS YEAR 7 TRIP**

I give permission for my child to attend the above mentioned trip.
I have read and agree to abide by the TRIP terms and conditions

In order for your child's trip to go as smoothly as possible I would be grateful if you could complete this form to help with our organisation.

1. Full name of pupil _____

2. Tutor Group _____ 3. Date of Birth _____

4. Telephone numbers for contacts: First _____ Reserve _____

5. Address and telephone number of where you can be reached if you are away during the day.

6. Does your child suffer from any allergies? (Hay-fever, asthma etc)

PLEASE NOTE – It is the parents' responsibility to provide correct medication for the student's use on the trip in its original packaging.

7. Are there any physical or medical conditions we should be aware of?

8. Does your child take medication

- a) Regularly
b) One off

If the answer to either of these questions is yes, please provide details including dosage and timings:

Please note: all prescription medication must be in named original packaging.

Date of last Tetanus injection? _____

Does your child have any special dietary requirements?

Vegetarian Yes/No (Delete as applicable)

Other dietary requirements:.....

Signed:(Parent/Carer)

Print Name: